

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: BRADLEY HOUSE (310279)

Address: 3430 S 38TH ST, MILWAUKEE, WI 53215

License Status: REGULAR

Licensed/Certified/Registered 09/01/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0093761 **End Date:** 11/16/2004 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008758 Served 12/15/2004

Deficiencies Cited

50.065(2)(bm)

83.51(3)(a)

Subject Area

OUT OF STATE BACKGROUND CHECKS

SMOKE SEPARATION

Compliance
Verified

Corrected

Survey ID: 0092258 **End Date:** 02/05/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008969 Served 05/29/2004

Deficiencies Cited

13.05(3)(a)

Subject Area

ENTITY ALLEGATION REPORTING REQUIREMENTS

Compliance
Verified

11/11/2004

Corrected

Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Enforcement History

Date: 12/10/2004	SOD #10008758	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.51(3)(a)

Date: 03/25/2004	SOD #10008969	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 11/03/2003

Date Investigation Completed: 02/05/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	NOT RECORDED
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10008969
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	NOT RECORDED
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.